



TRAFFIC VIOLATOR SCHOOL CLASSROOM LEASE OR RENTAL AGREEMENT

DMV USE ONLY
TVS NUMBER
NAME

INSTRUCTIONS: This form may be used in lieu of a classroom lease or rental agreement as required pursuant to California Code of Regulations, Section 345.15 (a) 2.

1. TVS Owner completes Sections 1 and 2

Additional items required:

- Property Use Verification for a Driving School or Traffic Violator School License, OL 140
- Traffic Violator School Branch Office/Classroom Application, OL 712
- Official Classroom Location Schedule, OL 854

2. Property owner or property representative completes Section 3

SECTION 1 — TVS SCHOOL INFORMATION *To be completed by TVS Owner*

TVS SCHOOL NAME	LICENSE NUMBER
DBA	AREA CODE/TELEPHONE NUMBER ()
BUSINESS ADDRESS	CITY STATE ZIP CODE

SECTION 2 — CLASSROOM ADDRESS *To be completed by TVS Owner*

CLASSROOM ADDRESS	ROOM NAME OR NUMBER	CITY	STATE	ZIP CODE	PROPOSED STARTING DATE*
PRINTED NAME OF TVS OWNER					CLASSROOM TELEPHONE NUMBER** ()
SIGNATURE OF TVS OWNER X					DATE

SECTION 3 — CLASSROOM/PROPERTY INFORMATION *To be completed by property owner or property representative*

NAME OF FACILITY OR BUSINESS	TYPE OF FACILITY (HOTEL, ETC.)
------------------------------	--------------------------------

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Is the lighting adequate for reading? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Describe the seating and writing facilities: | | |
| 3. Approximate square footage of classroom: Width: _____ ft. X Length: _____ = _____ sq. ft. | | |
| 4. The maximum occupancy permitted by local authorities when the facility is used for a classroom is _____
<i>Attach any evidence or documentation available which will confirm the maximum occupancy established by local authorities.</i> | | |
| 5. The maximum seating capacity is _____ | | |
| 6. Is the classroom accessible to students with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are sanitary and properly maintained restroom facilities readily accessible to students with disabilities ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is parking or public transit readily accessible to students with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is alcohol consumption or advertising prohibited in the classroom location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does this classroom comply with safety regulations and meet all requirements of state law and local ordinances? | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY OWNER'S FULL NAME	AREA CODE/TELEPHONE NUMBER ()	
PROPERTY OWNER'S ADDRESS	CITY STATE ZIP CODE	
PRINTED FULL NAME OF CONTACT PERSON ***	DAYTIME TELEPHONE NUMBER ()	
PRINTED NAME OF PERSON AUTHORIZING CLASSROOM USE	SIGNATURE OF PERSON AUTHORIZING CLASSROOM USE X	DATE

* Classes shall not be used until official approval is received.

** The classroom telephone number must be a current operative number at the time of application.

***The contact person listed should be an individual who has knowledge of the agreement for classroom use.

